WILKINSON ) BARKER ) KNAUER LLP

2300 N STREET, NW
SUITE 700
WASHINGTON, DC 20037
TEL 202.783.4141
FAX 202.783.5851
WWW.WBKLAW.COM
TIMOTHY J. COONEY
202.383.3361
TCOONEY@WBKLAW.COM

#### **REDACTED - FOR PUBLIC INSPECTION**

October 28, 2013

#### VIA HAND DELIVERY AND ECFS

Marlene H. Dortch, Secretary Federal Communications Commission 445 12<sup>th</sup> Street, S.W. Washington, D.C. 20554

Re: WC Docket No. 10-90

The Micronesian Telecommunications Corporation dba IT&E

Form 481 Submission, SAC 653700 Request for Confidential Treatment

#### Dear Ms. Dortch:

On behalf of The Micronesian Telecommunications Corporation dba IT&E ("IT&E"), please find (1) IT&E's Form 481 submission for SAC 653700 (Commonwealth of the Northern Mariana Islands or "CNMI"), which was timely filed with USAC on October 14, 2013 and (2) a request that this material be withheld from public inspection pursuant to sections 0.457 and 0.459 of the Commission's rules. 47 C.F.R. §§ 0.457, 0.459. IT&E is filing concurrently a version of this submission redacted for public inspection through the Commission's Electronic Comment Filing System. Per FCC Public Notice DA 13-2025, this filing is timely.

The submission contains commercial and technical data that IT&E does not in the normal course of its business reveal to the public or its competitors. IT&E thus requests that the submission be withheld from public inspection under Freedom of Information Act ("FOIA") Exemption 4, 5 U.S.C. §552(b)(4), and Section 0.457(d)(2) of the Commission's Rules.

In support of this request, IT&E provides the following information, as required by Sections 0.457(d)(2) and 0.459(b) of the Commission's Rules.

1. <u>Information for Which Confidentiality is Requested</u>. IT&E is requesting confidential treatment for the non-redacted portions of the Form 481 submission, which contain commercially-sensitive, proprietary, and confidential operational, cost and technical

information about IT&E's past and anticipated investments in the very competitive telecommunications market in CNMI.

- 2. <u>Circumstances Giving Rise to Submission of Materials</u>. IT&E is submitting Form 481 and attachments to comply with newly adopted FCC rules.
- 3. Degree to Which Information is Commercial or Financial, or Contains a Trade Secret or is Privileged. The attached document contains commercially-sensitive, proprietary, and confidential operational, financial and technical information about IT&E's infrastructure and plans in CNMI. IT&E closely guards this information against disclosure to competitors and the public. The information for which confidential treatment is sought concerns IT&E's private business and operations and "would customarily be guarded from competitors." See 47 C.F.R. §§ 0.459(a)(4), 0.457(d)(2). Such proprietary and confidential information may be withheld from public disclosure under FOIA Exemption 4.
- 4. <u>Degree to Which Information Concerns a Service That is Subject to Competition</u>. The submission contains commercially-sensitive, proprietary, and confidential operational and financial information about IT&E's past investments and future infrastructure plans in the CNMI telecommunications market, which is highly competitive.
- 5. Substantial Competitive Harm That Would Result from Disclosure of Information. Public disclosure of the commercially-sensitive, proprietary, and confidential operational and financial information set forth in the Plan would cause competitive harm to IT&E. The telecommunications industry in CNMI is highly competitive, and thus others always are interested in gaining a competitive advantage by learning information about IT&E's infrastructure plans and construction schedules. The D.C. Circuit has found that parties do not have to "show actual competitive harm" to justify confidential treatment. Rather, "[a]ctual competition and the likelihood of substantial competitive injury' is sufficient to bring commercial information within the realm of confidentiality." *Public Citizen Health Research Group*, 704 F.2d at 1291, *quoting Gulf & Western Industries v. U.S.*, 615 F.2d 527, 530 (D.C. Cir. 1979).
- 6. <u>Measures Taken to Prevent Unauthorized Disclosure</u>. IT&E treats the operational and financial information set forth in the submission as confidential and proprietary and does not publicly disclose this information.
- 7. <u>Previous Disclosure</u>. There has been no public disclosure of the information that IT&E has redacted in its public filing.
- 8. Requested Duration of Nondisclosure. The attached Request should not be released for public inspection until such information no longer is deemed confidential and proprietary by IT&E and no longer subject to IT&E's internal procedures for maintaining its confidentiality. The attached Request contains commercially-

sensitive, proprietary and confidential operational and technical information, the release of which would adversely affect IT&E's competitive position.

For the foregoing reasons, IT&E respectfully requests that the Commission withhold from public inspection the attached document. Consistent with 47 C.F.R. § 0.459(d)(1), IT&E requests notification if access to the attachment is requested pursuant to the FOIA or otherwise, so that IT&E may have an opportunity to oppose the grant of any such request. As noted previously, a redacted version of the document is being filed with ECFS.

If you have any questions, please contact the undersigned.

Respectfully submitted,

/s/ *Timothy J. Cooney* Timothy J. Cooney

|                                                    | m 481 - Carrier Annual Reporting<br>Ollection Form                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                           | FCC Form 481<br>OMB Control No. 3060-09<br>July 2013                                          | 86/OMB Control No. 3060-0819                                |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <010>                                              | Study Area Code                                                                                                                                                                                                                                                                                                                                                | 653700                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                                                             |
| <015>                                              | Study Area Name                                                                                                                                                                                                                                                                                                                                                | MICRONESIAN TELECOMM                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                             |
| <020>                                              | Program Year                                                                                                                                                                                                                                                                                                                                                   | 2014                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                             |
| <030>                                              | Contact Name: Person USAC should contact with questions about this data                                                                                                                                                                                                                                                                                        | Leriza S. Debrum                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               |                                                             |
| <035>                                              | Contact Telephone Number:<br>Number of the person identified in data line <030:                                                                                                                                                                                                                                                                                | (670-682-2612)                                                                                                                                                                                                                                                                                                                                                                            |                                                                                               |                                                             |
| <039>                                              | Contact Email Address:<br>Email of the person identified in data line <030>                                                                                                                                                                                                                                                                                    | leriza.debrum@itehq.net                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                             |
| ANNUA                                              | L REPORTING FOR ALL CARRIERS                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               | 54.313 54.422<br>Completion Completion<br>Required Required |
| <100>                                              | Service Quality Improvement Reporting                                                                                                                                                                                                                                                                                                                          | (complete attached wo                                                                                                                                                                                                                                                                                                                                                                     | rksheet)                                                                                      | (check box when complete)                                   |
| <200><br><210>                                     | Outage Reporting (voice) < check box if                                                                                                                                                                                                                                                                                                                        | (complete attached we no outages to report                                                                                                                                                                                                                                                                                                                                                | rksheet)                                                                                      | <i>V V</i>                                                  |
| <310>                                              | Unfulfilled Service Requests (voice)  Detail on Attempts (voice)  Unfulfilled Service Requests (broadband)  Detail on Attempts (broadband)                                                                                                                                                                                                                     | 0 (attach descriptive do                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                             |
| <400><br><410><br><420><br><430><br><440><br><450> | Number of Complaints per 1,000 customers (voice Fixed 0.0 Mobile  Number of Complaints per 1,000 customers (broad Fixed Mobile                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                           | [                                                                                             | v v                                                         |
| <800><br><900><br><1000><br><1010><br><1110>       | Service Quality Standards & Consumer Protection  Functionality in Emergency Situations  653700MP610  Company Price Offerings (voice)  Company Price Offerings (broadband)  Operating Companies and Affiliates  Tribal Land Offerings (Y/N)?  Voice Services Rate Comparability  Terrestrial Backhaul (Y/N)?  Terms and Condition for Lifeline Customers        | Rules Compliance (check to indicate cert (attached descriptive do (check to indicate cert (attached descriptive do (complete attached we (complete attached we (if yes, complete attached we (check to indicate cert (attach descriptive do (if not, check to indicate cert (complete attached we | cument) fication) cument) vrksheet) vrksheet) vrksheet) fication) cument) fication) vrksheet) |                                                             |
| <2000><br><2005>                                   | Price Cap Carriers, Proceed to Price Cap Additional Including Rate-of-Return Carriers affiliated with Price Cap Additional Rate of Return Carriers, Proceed to ROR Additional Rate Of Return Carriers | rice Cap Local Exchange Carriers<br>(check to indicate cert<br>(complete attached wo                                                                                                                                                                                                                                                                                                      | i i                                                                                           | ·                                                           |
| <3000><br><3005>                                   |                                                                                                                                                                                                                                                                                                                                                                | (check to indicate cert<br>(complete attached wo                                                                                                                                                                                                                                                                                                                                          | İ                                                                                             |                                                             |

|       | ervice Quality Improvement Reporting<br>Illection Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <010> | Study Area Code 653700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| <015> | Study Area Name MICRONESIAN T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BLECOMM                                                                          |
| <020> | Program Year 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |
| <030> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S. Debrum                                                                        |
| <035> | Contact Telephone Number - Number of person identified in data line <030> (670                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 682-2612)                                                                        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> ler                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |
| <110> | Has your company received its ETC certification from the FCC?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (yes / no )                                                                      |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?                                                                                                                                                                                                                                                                                                                                                                                                                                             | (yes / no )                                                                      |
| <112> | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your compactor which only receives frozen support, your progress report is only required to address voice telephony service. | any is a<br>653700м₽100                                                          |
|       | Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.                                                                                                                                                                                                                                                                       | Name of Attached Document (.pdf)                                                 |
| <113> | Maps detailing progress towards meeting plan targets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |
| <114> | Report how much universal service (USF) support was received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |
| <115> | How (USF) was used to improve service quality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |
| <116> | How (USF)was used to improve service coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |
| <117> | How (USF) was used to improve service capacity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |

| (200) Service Outage Reporting (Voice) | FCC Form 481                                                     |
|----------------------------------------|------------------------------------------------------------------|
| Data Collection Form                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |

| <010> | Study Area Code                                                                                       | 653700               |  |
|-------|-------------------------------------------------------------------------------------------------------|----------------------|--|
| <015> | Study Area Name                                                                                       | MICRONESIAN TELECOMM |  |
| <020> | Program Year                                                                                          | 2014                 |  |
| <030> | Contact Name - Person USAC should contact regarding this data                                         | Leriza S. Debrum     |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030> (670-682-2612)              |                      |  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> leriza.debrum@itehq.net |                      |  |

| <220> | <a></a>   | <b1></b1>    | <b2></b2>    | <b3></b3>  | <b4></b4>  | <c1></c1>                 | <c2></c2>       | <d></d>        | <e></e>            | <f></f>         | <g></g>        | <h></h>      |
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|       | NORS      |              |              |            |            |                           |                 |                |                    | Did This Outage |                |              |
|       | Reference | Outage Start | Outage Start | Outage End | Outage End | Number of                 |                 | 911 Facilities | Service Outage     | Affect Multiple |                |              |
|       | Number    | Date         | Time         | Date       |            | <b>Customers Affected</b> | Total Number of | Affected       | Description (Check | Study Areas     | Service Outage | Preventative |
|       |           |              |              |            |            |                           | Customers       | (Yes / No)     | all that apply)    | (Yes / No)      | Resolution     | Procedures   |
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|       |           |              |              |            |            |                           | See attache     | d              |                    |                 |                |              |
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| •     |           |              |              |            |            | WC                        | rksheet         |                |                    |                 |                |              |
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| (700) Pri | ce Offerings including Voice Rate Data                        | FCC Form 481         |                                                                  |
|-----------|---------------------------------------------------------------|----------------------|------------------------------------------------------------------|
| Data Col  | lection Form                                                  |                      | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
| <010>     | Study Area Code                                               | 653700               |                                                                  |
| <015>     | Study Area Name                                               | MICRONESIAN TELECOMM |                                                                  |
| <020>     | Program Year                                                  | 2014                 |                                                                  |
| <030>     | Contact Name - Person USAC should contact regarding this data | Leriza S. Debrum     |                                                                  |

<701> Residential Local Service Charge Effective Date 1/1/2013 <702> Single State-wide Residential Local Service Charge

<035>

<039>

<703>

Contact Telephone Number - Number of person identified in data line <030> (670-682-2612)

Contact Email Address - Email Address of person identified in data line <030> leriza.debrum@itehq.net

| > | <a1></a1> | <a2></a2>       | <a3></a3>  | <b1></b1> | <b2></b2>         | <b3></b3>                    | <b4></b4>                   | <b5></b5>               | <c></c>                       |
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|   |           |                 |            |           | Residential Local |                              |                             | Mandatory Extended Area |                               |
|   | State     | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate      | State Subscriber Line Charge | State Universal Service Fee | Service Charge          | Total per line Rates and Fees |
|   |           |                 |            |           |                   |                              |                             |                         |                               |
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|   |           |                 |            |           | See att           | ached worksheet              |                             |                         |                               |
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| (710) Broadband Price Offerings | FCC Form 481                                        |
|---------------------------------|-----------------------------------------------------|
| Data Collection Form            | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                 | July 2013                                           |

| <010> | Study Area Code                                                                                       | 653700               |  |
|-------|-------------------------------------------------------------------------------------------------------|----------------------|--|
| <015> | Study Area Name                                                                                       | MICRONESIAN TELECOMM |  |
| <020> | Program Year                                                                                          | 2014                 |  |
| <030> | Contact Name - Person USAC should contact regarding this data                                         | Leriza S. Debrum     |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030> (670-682-2612)              |                      |  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> leriza.debrum@itehq.net |                      |  |

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|       | State     | Exchange (ILEC) | Residential Rate | State Regulated<br>Fees | Total Rate and Fees | Broadband Service -<br>Download Speed<br>(Mbps) | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken When<br>Limit Reached {select } |
|       |           | zaenange (izze) | Tresta trate     |                         | rotal nate and roos | (                                               | opious opecu (iii.ps)                      | (05)                    |                                                                 |
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|       |           |                 | Se               | e attached              |                     |                                                 |                                            |                         |                                                                 |
|       |           |                 |                  | sheet                   |                     |                                                 |                                            |                         |                                                                 |
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| . , . | erating Companies<br>ection Form                                |                                                   |                              | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|-----------------------------------------------------------------|---------------------------------------------------|------------------------------|----------------------------------------------------------------------------------|
| <010> | Study Area Code                                                 |                                                   | 653700                       |                                                                                  |
| <015> | Study Area Name                                                 |                                                   | MICRONESIAN TELECOMM         |                                                                                  |
| <020> | Program Year                                                    |                                                   | 2014                         |                                                                                  |
| <030> | > Contact Name - Person USAC should contact regarding this data |                                                   | Leriza S. Debrum             |                                                                                  |
| <035> | Contact Telephone Num                                           | nber - Number of person identified in data line < | 030> (670-682-2612)          |                                                                                  |
| <039> | Contact Email Address -                                         | Email Address of person identified in data line < | 030> leriza.debrum@itehq.net |                                                                                  |
| <810> | Reporting Carrier                                               | Micronesian Telecommunications Corp.              |                              |                                                                                  |
| <811> | Holding Company                                                 | Pacific Telecom Inc.                              | ·                            |                                                                                  |
| <812> | Operating Company                                               | Micronesian Telecommunications Corp.              | ·                            |                                                                                  |

| <813> | <a1></a1>  | <a2></a2>     | <a3></a3>                                      |
|-------|------------|---------------|------------------------------------------------|
| _     | Affiliates | SAC           | Doing Business As Company or Brand Designation |
| -     |            |               |                                                |
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| -     | See a      | ttached works | heet                                           |
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| (900) Tribal Lands Reporting |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        | FCC Form 481                                        |  |
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| Data Coll                    | lection Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                        | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        | July 2013                                           |  |
| <010×                        | Study Area Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 653700            |                        |                                                     |  |
| <010><br><015>               | Study Area Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | 2001                   |                                                     |  |
| <020>                        | Study Area Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MICRONESIAN TELE  | COMM                   |                                                     |  |
| <030>                        | Program Year  Contact Name - Person USAC should contact regarding this data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Leriza S. Debri   | ım                     |                                                     |  |
| <035>                        | Contact Name - Person OSAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                        |                                                     |  |
| <039>                        | Contact Telephone Number - Number of person identified in data line  Contact Email Address - Email Address of person identified in data line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                        |                                                     |  |
| <0392                        | Contact Email Address - Email Address of person identified in data inf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e <030/ Teriza.de | ebrum@itenq.net        |                                                     |  |
| <910>                        | Tribal Land(s) on which ETC Serves                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                        |                                                     |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        |                                                     |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        |                                                     |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        |                                                     |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        |                                                     |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        |                                                     |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        |                                                     |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        |                                                     |  |
| <920>                        | Tribal Government Engagement Obligation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                        |                                                     |  |
| .520                         | The second content of | Nar               | ne of Attached Documen | t (.pdf)                                            |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        |                                                     |  |
|                              | If your company serves Tribal lands, please select (Yes,No, NA) for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                        |                                                     |  |
|                              | each these boxes to confirm the status described on the attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                        |                                                     |  |
|                              | PDF, on line 920, demonstrates coordination with the Tribal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                        |                                                     |  |
|                              | government pursuant to § 54.313(a)(9) includes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        |                                                     |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Select            |                        |                                                     |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Yes,No,          |                        |                                                     |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NA)               |                        |                                                     |  |
| <921>                        | Needs assessment and deployment planning with a focus on Tribal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        |                                                     |  |
| ٠٥٦٦٠                        | community anchor institutions;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                                     |  |
| <922>                        | Feasibility and sustainability planning;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |                                                     |  |
| <923>                        | Marketing services in a culturally sensitive manner;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                        |                                                     |  |
| <924>                        | Compliance with Rights of way processes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                        |                                                     |  |
| <925>                        | Compliance with Land Use permitting requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                        |                                                     |  |
| <926>                        | Compliance with Facilities Siting rules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                        |                                                     |  |
| <927>                        | Compliance with Environmental Review processes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |                                                     |  |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                        |                                                     |  |
| <928>                        | Compliance with Cultural Preservation review processes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                        |                                                     |  |

| •      | o Terrestrial Backhaul Reporting<br>ection Form                                                                                                                                       | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <010>  | Study Area Code                                                                                                                                                                       | 653700                                                                           |
| <015>  | Study Area Name                                                                                                                                                                       | MICRONESIAN TELECOMM                                                             |
| <020>  | Program Year                                                                                                                                                                          | 2014                                                                             |
| <030>  | Contact Name - Person USAC should contact regarding this data                                                                                                                         | Leriza S. Debrum                                                                 |
| <035>  | Contact Telephone Number - Number of person identified in data line <030>                                                                                                             | (670-682-2612)                                                                   |
| <039>  | Contact Email Address - Email Address of person identified in data line <030>                                                                                                         | leriza.debrum@itehq.net                                                          |
| <1120> | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)                                                              |                                                                                  |
| <1130> | Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) |                                                                                  |

| ifeline              | erms and Condition for Lifeline Customers                                                                                                                                                                                                                                |            |                                                                    | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| Data Collection Form |                                                                                                                                                                                                                                                                          |            |                                                                    | July 2013                                                         |
| <010>                | Study Area Code                                                                                                                                                                                                                                                          |            | 653700                                                             |                                                                   |
| <015>                | Study Area Name                                                                                                                                                                                                                                                          |            | MICRONESIAN TELECOMM                                               |                                                                   |
| <020>                | Program Year                                                                                                                                                                                                                                                             |            | 2014                                                               |                                                                   |
| <030>                | Contact Name - Person USAC should contact regarding this data                                                                                                                                                                                                            |            | Leriza S. Debrum                                                   |                                                                   |
| <035>                | Contact Telephone Number - Number of person identified in data                                                                                                                                                                                                           | line <030> | (670-682-2612)                                                     |                                                                   |
| <039>                | Contact Email Address - Email Address of person identified in data                                                                                                                                                                                                       | line <030> | leriza.debrum@itehq.net                                            |                                                                   |
| <1210><br><1220>     | Terms & Conditions of Voice Telephony Lifeline Plans  Link to Public Website                                                                                                                                                                                             |            | Name of attached document (.pdf) http://www.pticom.com/lifeline_an |                                                                   |
|                      | "Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: |            |                                                                    |                                                                   |
| <1221>               | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,                                                                                                                                                    | V          |                                                                    |                                                                   |
| <1222>               | Details on the number of minutes provided as part of the plan,                                                                                                                                                                                                           | ~          |                                                                    |                                                                   |
| <1223>               | Additional charges for toll calls, and rates for each such plan.                                                                                                                                                                                                         | V          |                                                                    |                                                                   |

| (2000) Pi   | (2000) Price Cap Carrier Additional Documentation FCC Form 481                                |                                                                                                                             |  |  |  |  |
|-------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Data Col    | OMB Control No. 3060-0986/OMB Control No. 3060-0819                                           |                                                                                                                             |  |  |  |  |
|             | ncluding Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers  July 2013 |                                                                                                                             |  |  |  |  |
| Including   | rkate-oj-keturn curners ajjillatea with Price cup Local Exchange curners                      | 341, 2020                                                                                                                   |  |  |  |  |
|             |                                                                                               |                                                                                                                             |  |  |  |  |
| <010>       | Study Area Code 653700                                                                        |                                                                                                                             |  |  |  |  |
| <015>       | Study Area Name MICRONE                                                                       | SIAN TELECOMM                                                                                                               |  |  |  |  |
| <020>       | Program Year 2014                                                                             |                                                                                                                             |  |  |  |  |
| <030>       |                                                                                               | S. Debrum                                                                                                                   |  |  |  |  |
| <035>       |                                                                                               | -682-2612)                                                                                                                  |  |  |  |  |
| <039>       | Contact Email Address - Email Address of person identified in data line <030> ler:            | za.debrum@itehq.net                                                                                                         |  |  |  |  |
|             |                                                                                               |                                                                                                                             |  |  |  |  |
|             |                                                                                               |                                                                                                                             |  |  |  |  |
| CHECK t     | he boxes below to note compliance as a recipient of Incremental Connect America Pha           | ise I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II |  |  |  |  |
| G.1.2G.1. G | · · · · · · · · · · · · · · · · · · ·                                                         | information reported on this form and in the documents attached below is accurate.                                          |  |  |  |  |
|             |                                                                                               |                                                                                                                             |  |  |  |  |
|             |                                                                                               |                                                                                                                             |  |  |  |  |
|             | Incremental Connect America Phase I reporting                                                 |                                                                                                                             |  |  |  |  |
| <2010>      | 2nd Year Certification {47 CFR § 54.313(b)(1)}                                                |                                                                                                                             |  |  |  |  |
| <2011>      | 3rd Year Certification {47 CFR § 54.313(b)(2)}                                                |                                                                                                                             |  |  |  |  |
|             | • • • • • • • • • • • • • • • • • • • •                                                       |                                                                                                                             |  |  |  |  |
|             | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))                 |                                                                                                                             |  |  |  |  |
| <2012>      | 2013 Frozen Support Certification                                                             | V                                                                                                                           |  |  |  |  |
| <2013>      | 2014 Frozen Support Certification                                                             |                                                                                                                             |  |  |  |  |
| <2014>      | 2015 Frozen Support Certification                                                             |                                                                                                                             |  |  |  |  |
| <2015>      | 2016 and future Frozen Support Certification                                                  |                                                                                                                             |  |  |  |  |
|             |                                                                                               |                                                                                                                             |  |  |  |  |
|             | Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}                            |                                                                                                                             |  |  |  |  |
| <2016>      | Certification Support Used to Build Broadband                                                 |                                                                                                                             |  |  |  |  |
|             |                                                                                               |                                                                                                                             |  |  |  |  |
|             | Connect America Phase II Reporting {47 CFR § 54.313(e)}                                       |                                                                                                                             |  |  |  |  |
| <2017>      | 3rd year Broadband Service Certification                                                      | igsqcut                                                                                                                     |  |  |  |  |
| <2018>      | 5th year Broadband Service Certification                                                      |                                                                                                                             |  |  |  |  |
| <2019>      | Interim Progress Certification                                                                |                                                                                                                             |  |  |  |  |
| <2020>      | Please check the box to confirm that the attached PDF, on line 2021,                          |                                                                                                                             |  |  |  |  |
|             | contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipier              | t                                                                                                                           |  |  |  |  |
|             | of CAF Phase II support shall provide the number, names, and addresses of                     |                                                                                                                             |  |  |  |  |
|             | community anchor institutions to which began providing access to broadband                    |                                                                                                                             |  |  |  |  |
|             | service in the preceding calendar year.                                                       |                                                                                                                             |  |  |  |  |
| <2021>      | Interim Progress Community Anchor Institutions                                                | Name of Attached Document Listing Required Information                                                                      |  |  |  |  |
|             |                                                                                               |                                                                                                                             |  |  |  |  |
|             |                                                                                               |                                                                                                                             |  |  |  |  |

| -       | ate Of Return Carrier Additional Documentation                                                                                                                                                                                                                                                   |                                                                                                                                        | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|         |                                                                                                                                                                                                                                                                                                  |                                                                                                                                        | July 2013                                                                   |
| <010>   | Study Area Code 653700                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                                                             |
| <015>   |                                                                                                                                                                                                                                                                                                  | IAN TELECOMM                                                                                                                           |                                                                             |
| <020>   | Program Year 2014                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                             |
| <030>   |                                                                                                                                                                                                                                                                                                  | riza S. Debrum                                                                                                                         |                                                                             |
| <035>   | Contact Telephone Number - Number of person identified in data line <030>                                                                                                                                                                                                                        | (670-682-2612)                                                                                                                         |                                                                             |
| <039>   | Contact Email Address - Email Address of person identified in data line <030>                                                                                                                                                                                                                    | leriza.debrum@itehq.net                                                                                                                |                                                                             |
| CHECK t | the boxes below to note compliance on its five year service quality plan (pursua<br>CFR § 54.313(f)(2). I further certify that t                                                                                                                                                                 | ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attac |                                                                             |
|         | Progress Report on 5 Year Plan                                                                                                                                                                                                                                                                   |                                                                                                                                        |                                                                             |
| (3010)  | Milestone Certification {47 CFR $\S$ 54.313{f}(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,                                                                                                                                                                     | Name of Attached Document Listing Required Information                                                                                 |                                                                             |
| (3011)  | contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.                   |                                                                                                                                        |                                                                             |
| (3012)  | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}                                                                                                                                                                                                                                        | Name of Attached Document Listing Required Information                                                                                 |                                                                             |
| (3013)  | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}                                                                                                                                                                                                                             | , , , , , , , , , , , , , , , , , , ,                                                                                                  | (Yes/No)                                                                    |
| (3014)  | If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance                                                                                            |                                                                                                                                        | (Yes/No)                                                                    |
| (3015)  | requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)                                                                                                                                                                                        |                                                                                                                                        |                                                                             |
| (3016)  | PDF of Balance Sheet, Income Statement and Statement of Cash Flows                                                                                                                                                                                                                               |                                                                                                                                        |                                                                             |
| (3017)  | If the response is yes on line 3014, attach your company's RUS annual                                                                                                                                                                                                                            |                                                                                                                                        |                                                                             |
| (3018)  | report and all required documentation If the response is no on line 3014, Is your company audited?                                                                                                                                                                                               | Name of Attached Document Listing Required Information                                                                                 | (Yes/No)                                                                    |
|         | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:                                                                                                                                                 |                                                                                                                                        |                                                                             |
| (3019)  | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications                                                                                                                                              |                                                                                                                                        |                                                                             |
| (3020)  | PDF of Balance Sheet, Income Statement and Statement of Cash Flows                                                                                                                                                                                                                               |                                                                                                                                        |                                                                             |
| (3021)  | Management letter issued by the independent certified public accountant that performed the company's financial audit.                                                                                                                                                                            |                                                                                                                                        |                                                                             |
|         | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a |                                                                                                                                        |                                                                             |
| (3022)  | format comparable to RUS Operating Report for Telecommunications Borrowers,                                                                                                                                                                                                                      |                                                                                                                                        |                                                                             |
| (3023)  | Underlying information subjected to a review by an independent certified public accountant                                                                                                                                                                                                       |                                                                                                                                        |                                                                             |
| (3024)  | Underlying information subjected to an officer certification.                                                                                                                                                                                                                                    |                                                                                                                                        |                                                                             |
| (3025)  | PDF of Balance Sheet, Income Statement and Statement of Cash Flows                                                                                                                                                                                                                               |                                                                                                                                        |                                                                             |
| (3026)  | Attach the worksheet listing required information                                                                                                                                                                                                                                                | Name of Attached Document Listing Required Information                                                                                 |                                                                             |

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|       | ion - Reporting Carri<br>ection Form                                                                  | er     | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|-------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------|
| <010> | Study Area Code                                                                                       | 653700 |                                                                                  |
| <015> | Study Area Name MICRONESIAN TELECOMM                                                                  |        |                                                                                  |
| <020> | Program Year                                                                                          | 2014   |                                                                                  |
| <030> | Contact Name - Person USAC should contact regarding this data                                         |        |                                                                                  |
| <035> | Contact Telephone Number - Number of person identified in data line <030> (670-682-2612)              |        |                                                                                  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> leriza.debrum@itehq.net |        |                                                                                  |

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| Certification of Officer as to the Accu                                                                                                                                                                                                          | acy of the Data Reported for the Annual Reporting for CAF or LI Recipients                                                                                                                                                                                                                         |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                                                                                                                                                                                                  | certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |  |  |  |
| Name of Reporting Carrier: MICRONESIAN TELECOMM                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                    |  |  |  |
| Signature of Authorized Officer: CERTIFIED ONLINE                                                                                                                                                                                                | Date 10/15/2013                                                                                                                                                                                                                                                                                    |  |  |  |
| Printed name of Authorized Officer: Rose Soledad                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                    |  |  |  |
| Title or position of Authorized Officer: Managing Director                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                    |  |  |  |
| Telephone number of Authorized Officer: 670-682-2609                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                    |  |  |  |
| Study Area Code of Reporting Carrier: 653700                                                                                                                                                                                                     | Filing Due Date for this form: 10/15/2013                                                                                                                                                                                                                                                          |  |  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |                                                                                                                                                                                                                                                                                                    |  |  |  |

|       | ion - Agent / Carrier<br>ection Form                                                       | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |
|-------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|
| <010> | Study Area Code                                                                            | 653700                                                                           |  |
| <015> | Study Area Name                                                                            | MICRONESIAN TELECOMM                                                             |  |
| <020> | Program Year                                                                               | 2014                                                                             |  |
| <030> | Contact Name - Person USA                                                                  | Should contact regarding this data Leriza S. Debrum                              |  |
| <035> | > Contact Telephone Number - Number of person identified in data line <030> (670-682-2612) |                                                                                  |  |
| <039> | Contact Email Address - Em                                                                 | il Address of person identified in data line <030> leriza.debrum@itehq.net       |  |

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                         |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| sertify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I so certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                                                                                                                                                                         |  |  |  |
| Name of Authorized Agent:                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                         |  |  |  |
| Name of Reporting Carrier:                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                         |  |  |  |
| Signature of Authorized Officer:                                                                                                                                                                                                                                                                                                                                                                                | Date:                                                                                                                                                                                   |  |  |  |
| Printed name of Authorized Officer:                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                         |  |  |  |
| Title or position of Authorized Officer:                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                         |  |  |  |
| Telephone number of Authorized Officer:                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                         |  |  |  |
| Study Area Code of Reporting Carrier:                                                                                                                                                                                                                                                                                                                                                                           | Filing Due Date for this form:                                                                                                                                                          |  |  |  |
| Persons willfully making false statements on this form                                                                                                                                                                                                                                                                                                                                                          | n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |  |  |

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent                                     | Authorized to File Annual Reports for CAF or LI Recipie                                                                               | nts on Behalf of Reporting Carrier                                  |  |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
|                                                            | horized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informati |                                                                     |  |
| Name of Reporting Carrier:                                 |                                                                                                                                       |                                                                     |  |
| Name of Authorized Agent or Employee of Agent:             |                                                                                                                                       |                                                                     |  |
| Signature of Authorized Agent or Employee of Agent: Date:  |                                                                                                                                       |                                                                     |  |
| Printed name of Authorized Agent or Employee of Agent:     |                                                                                                                                       |                                                                     |  |
| Title or position of Authorized Agent or Employee of Agent |                                                                                                                                       |                                                                     |  |
| Telephone number of Authorized Agent or Employee of A      | gent:                                                                                                                                 |                                                                     |  |
| Study Area Code of Reporting Carrier:                      | Filing Due Date for this form:                                                                                                        |                                                                     |  |
| Persons willfully making false statements on this for      | m can be punished by fine or forfeiture under the Communications Act of 1<br>18 of the United States Code, 18 U.S.C. § 1001.          | 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title |  |

Attachments

| (800) Op  | erating Companies       |                                                                               | FCC Form 481                                                     |
|-----------|-------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------|
| Data Coll | lection Form            |                                                                               | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
| <010>     | Study Area Code         | 653700                                                                        |                                                                  |
| <015>     | Study Area Name         | MICRONESIAN TELECOMM                                                          |                                                                  |
| <020>     | Program Year            | 2014                                                                          |                                                                  |
| <030>     | Contact Name - Person   | USAC should contact regarding this data Leriza S. Debrum                      |                                                                  |
| <035>     | Contact Telephone Num   | ober - Number of person identified in data line <030> (670-682-2612)          |                                                                  |
| <039>     | Contact Email Address - | Email Address of person identified in data line <030> leriza.debrum@itehq.net |                                                                  |
| <810>     | Reporting Carrier       | Micronesian Telecommunications Corp.                                          |                                                                  |
| <811>     | Holding Company         | Pacific Telecom Inc.                                                          |                                                                  |
| <812>     | Operating Company       | Micronesian Telecommunications Corp.                                          |                                                                  |

| <813>    | <a1></a1>         | <a2></a2> | <a3></a3>                                      |
|----------|-------------------|-----------|------------------------------------------------|
|          | Affiliates        | SAC       | Doing Business As Company or Brand Designation |
| =        | PTI Pacifica Inc. | 659002    | IT&E                                           |
| <u>-</u> | PTI Pacifica Inc. | 669004    | IT&E                                           |
|          |                   |           |                                                |
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|          |                   |           |                                                |



October 15, 2013

Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12th Street, SW Washington, DC 20554

USAC

Vice President, High Cost and Low Income Division 2000 L Street NW, Suite 200 Washington, DC 20036

Re: The Micronesian Telecommunications Corporation d/b/a IT&E Certification Pursuant to 47 C.F.R. § 54.313(a) (6) and set forth in 47 C.F.R. § 54.202(a)(2).

Pursuant to the requirements of 47 C.F.R. § 54.313(a)(6) and set forth in 47 C.F.R. § 54.202(a)(2) *The Micronesian Telecommunications Corporation* hereby certifies to the Federal Communications Commission and the Universal Service Administrative Company that it is able to function in emergency situations as described in the attached Business Continuity Plan.

I, Steven Carrara, attest for the Study Area Code 653700.

Steven Carrara

**General Counsel** 

Contact No. (671-777-7252)

Steven.Carrara@itehq.net

cc: CNMI PUC

# **NETWORK RESTORATION CONTINGENCY PLAN**

# **FOR**

# IT&E GUAM & CNMI TERRESTRIAL AND UNDERSEA CABLE AND INTER-ISLAND MICROWAVE PLANT

**CONFIDENTIAL** 



## **EXECUTIVE SUMMARY**

This document describes IT&E's cable plant and interisland microwave networks with concentration on the prioritization of restoration of failed or damaged cables due to: (1) natural disasters such as earthquakes; (2) contractor activity that damages buried cables; (3) cases where by coincidence, multiple cables fail at the same time and crews are not available to work on all failed cables simultaneously; and (4) failures of the interisland microwave network due to natural disasters such as typhoons. The estimated revenue losses due to cable and microwave network disruptions are detailed so that judicious decisions can be made on scheduling restoration activities and assigning work crews so as to minimize loss of revenue.

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#### I INTRODUCTION

IT&E owns buried copper and terrestrial fiber optic cable in the CNMI, buried fiber optic cable in Guam, undersea fiber optic cable interconnecting the four islands of Guam, Rota, Tinian, and Saipan, and a microwave backbone network also interconnecting the four islands which serves primarily as a backup redundant alternate route for inter-island and international traffic in case of damage to the undersea fiber optic cable.

This cable/microwave plant supports cellular, pots, DSL, IPL, and local private line connectivity. Each of these services generates revenue for the company, and since they ride on the same cables, damage to the cable plant affects customers of all four services and can result in significant loss of revenue to the company until damage is repaired and service is restored.

This document assesses the potential loss of revenue due to damage to elements of this plant and assigns priorities to restoration efforts that minimize the potential loss in revenue.

This document begins by describing the elements that form this cable plant, the physical configuration of the plant by means of tables and maps, the estimated subscriber population densities by means of tables and maps generated by the US Census Bureau, the vulnerabilities of the elements of the cable plant to damage, mitigation of those vulnerabilities, and a brief description of the criteria used to determine the priorities for restoration efforts in case of damage.

The final four sections of this document delineates service-by-service the priorities that should be assigned to restoration efforts in case of failures or damages to the cable plant by earthquakes or contractor-related activities on a cable-by-cable basis to maximize the number of subscribers to which service is restored while minimizing the time service is down according to weighted metrics determined by factors such as equipment availability, manpower required, loss of revenue, restoration costs, and other business and humanitarian considerations, etc. It also does likewise for the inter-island microwave backbone network.

The document can also be used for other purposes, for example, providing guidance in determining what cable plant elements IT&E should consider for insuring against earthquake and contractor-activity related damage and determining how to structure loss-of-revenue insurance.

II. NETWORK ELEMENTS

(d) III. NETWORK CONFIGURATION

# IV. SUBSCRIBER POPULATION DENSITIES

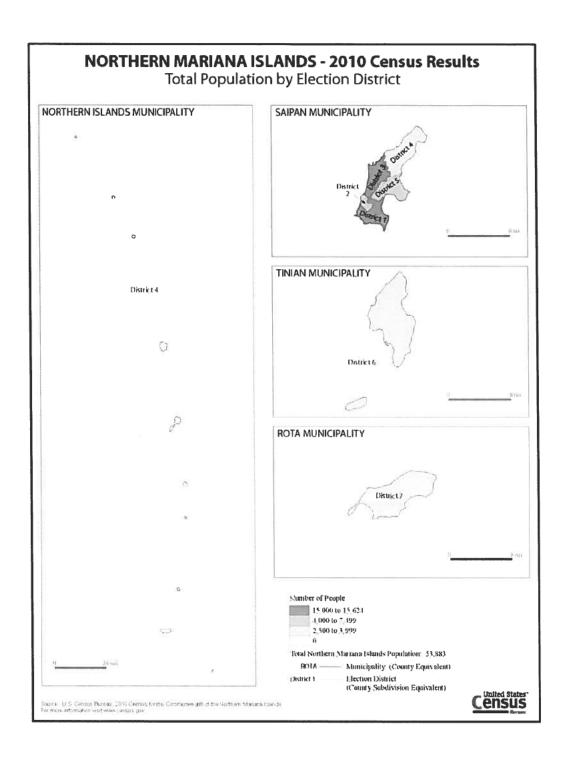


Figure 10. CNMI Populations by District

## V. VULNERABILITIES

### VI. MITIGATION OF VULNERABILITIES

# VII. Restoration Criteria

# CONFIDENTIAL IT&E (CNMI) WIRE LINE FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

#### **OVERVIEW**

The Micronesian Telecommunications Corporation dba IT&E, ("IT&E"), as an Eligible Telecommunications Carrier (ETC) and incumbent local exchange carrier, currently provides Universal Service supported wire line services to 12 exchanges, for which there are 8 wire centers.

Consistent with Commission requirements, this Service Quality Improvement Plan addresses only IT&E's regulated eligible telecommunications carrier operations. A detailed description of IT&E's plans for the provision of the supported services in the five-year period starting with January 2013 is provided herein. IT&E will re-evaluate this plan on an annual basis. The environment in which IT&E operates remains dynamic. As a result, IT&E reserves the opportunity to modify its plan in response to further regulatory decisions as they are adopted, and as IT&E's financial viability in providing the required services and service level quality becomes known.

Per USAC data, during the calendar year 2012, IT&E has received a total of \$663,123 (as of 1/31/2013) in USF support funds. The breakdown of the funding for the year was:

- \$0 High Cost Loop Support,
- (\$19,644) Local Switching Support
- \$0 Connect America Fund-Intercarrier Compensation Support
- (\$597) Interstate Common Line Support
- \$683,364 Frozen High Cost Support

All funds were used in 2012 to maintain, upgrade and improve IT&E's network and to cover its operating expenses and debt commitments as necessary to permit it to offer a high level of service for both voice and broadband throughout its service area. IT&E spent a total of to maintain and improve the quality of wire line voice and data service in calendar year 2012.

#### **IMPROVEMENT PLANS BY YEAR (2013-2017 inclusive)**

Summary descriptions in accordance Part 54.202(a)(1)(ii) and Part 54.313(a)(1) by year and by wire center are presented in the paragraphs below and present network improvements planned for the next five years. Detailed expenditures on a wire center basis are contained in the attached Excel worksheets. Area and population estimates impacted by the improvements are identified in the worksheets as well as on the wire center maps. Costs are broken out by site and service.

.

<sup>&</sup>lt;sup>1</sup>Per 47 C.F.R. § 54.314, federal USF support, "will be used only for the provision, maintenance, and upgrading of facilities and services for which the support is intended." If investments or expenses are for service areas larger than the supported service areas, then allocations of the expenditures are required.

- Network improvement expenditures identify the cost to provide those services supported
  by the universal service funding mechanisms. When a project involves expenditures for
  both regulated and non-regulated services, the non-regulated investment costs have been
  removed. IT&E estimates non-regulated costs using the appropriate allocation rules.
  Details of those costs are retained by IT&E and available for inspection.
- Costs for individual projects involving multiple wire centers are broken out by wire center on a ratio of "population served" basis if a specific dollar amount is unavailable.
- Costs are reported only for those service areas in which IT&E is authorized to receive USF funding. Costs incurred outside the authorized area, if any, are excluded.

#### **BASELINE MAPS**

IT&E presents the attached Baseline Maps (GIS or similar) highlighting current availability of broadband service, by wire center, which delivers at least 4 Mbs actual downstream and 1Mbps actual upstream within its territory which is sufficient to provide VoIP. This is the baseline territory for the network performance testing that will be required in the future.

IT&E is an incumbent local exchange carrier (ILEC) providing telecommunications to the islands of Rota, Tinian, and Saipan in the Commonwealth of the Northern Mariana Islands (CNMI). Established in 1981, it serves a current population of 53,883, over a geographic area of 154.6 sq miles. The service territory is generally hilly with few streams and a limited number of road crossings. The population is concentrated in small villages scattered around the islands. The community is incorporated as a commonwealth. There are a many small family businesses; health, medical, and police facilities are located throughout the community on all three islands. There is a government fire department and both a public school system and many private schools. There are many other anchor institutions located within the serving area. A complete listing can be found on the NTIA ARRA BTOP website.

The demographics of the community reflect its multicultural local and immigrant ethnic roots. The indigenous ethnic population is Chamorro with a sizeable community of Carolinians. There are small, but reasonably sized, ethnic Korean and Chinese communities along with a sizeable Filipino population, all of which use their native languages. IT&E's staff provides customer service in Tagalog, Chinese and Korean languages as needed. Religious affiliations include Roman Catholics, various protestant Christian sects, Muslims, and Buddhists.

There are 20,850 households and a total population of 53,883 within the service territory. The median household income level is approximately \$27,500.00. As a result of the low income, IT&E serves 2,044 Lifeline subscribers.

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